Application	or Docket	Number
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY					
(Column 1) FOR NUMBER FILED				NUMBER EXTRA					OR 1					
			ITONIBL			·		▎▐	RATE	FEE		RATE	FEE	
ВА	SIC FEE		ś					L	٠	380.00	OR		760.00	
TOTAL CLAIMS			20=	*			X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS minus 3 = *							X39=		OR	X78=				
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=				
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	760			
	C	I AIRAC	: AC A	MENDED	0	ADT II]~	•		
	C	(Colu	mn 1)_	MENDED	(C	Column 2)	(Column 3)		SMALL ENTITY			OTHER THAN SMALL ENTITY		
ENT A		REMA	IMS INING FER DMENT	o de la friga	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
\ME	Independent	*		Minus	***		=		X39=		OR	X78=		
_	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PENE	DENT CLAIM		<u> </u>	+130=			+260=		
TOTAL									TOTAL					
•								A	DDIT. FEE		OR ,	ADDIT. FEE		
)		mn 1)	<u> </u>		Column 2)	(Column 3)							
ENT B		REMA AF	IMS INING TER OMENT 1		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 4	7	Minus	**	20	= ()		X\$ 9=	/	OR	X\$18=	0	
AME	Independent	• &)	Minus	***	C_{I}	= 0		X39=		OR	X78=	0	
	FIRST PRESE	NIAHO	N OF MU	JETIPLE DEF	ENL	DENT'CLAIM			+130=		OR	+260=	0	
								TOTAL	/	OR	TOTAL	1)		
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE														
ENT C		CLA REMA AF	AIMS AINING TER OMENT	4	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus .	**		=		X\$ 9=		OR	. X\$18=		
ME	Independent	*		Minus	***	t	=	╽┢	X39=		00	X78=		
4	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PEN	DENT CLAIM		 -			OR			
								+130=		OR	+260=			
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

		Total Fee	e Calcula	ation	1			
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101						=	760
Total Claims >20	203/103	-20	·	x			=	
Independent Claims >3	202/102			x			=	
Mult. Dep Claim Present	204/104						=	
Surcharge	205/105						=	130
English Translation	139_							
TOTAL FEE CALCULA	ATION.			·			,	390
Fees due upon filing t	he applicatior	ı:						
Total Filing Fees Due	= \$	890						
Less Filing Fees Subn	nitted - \$ _							
BALANCE DUE	o =\$-	,						

FORM OIPE-RAM-01 (Rev. 12/97)